



REQUEST FOR AUTHORIZATION (RFA) CHECKLIST UNDER GENERAL STORMWATER PERMITS

Category 5G2 - Stormwater Basic Industrial Permit (NJ0088315)

Category CPM - Concrete Products Manufacturing Permit (NJ0108456)

Category SM - Scrap Metal Processing/Auto Recycling Permit (NJ0107671)

Category R5 - Newark Airport Complex Permit (NJ0134791)

Category R8 - Concentrated Animal Feeding Operations (NJ0138631)

TO HELP US PROCESS YOUR RFA MORE EFFICIENTLY, PLEASE PROVIDE ALL ITEMS LISTED BELOW.

This checklist is provided to you as guidance for completing an application for a Request for Authorization (RFA) under:

- NJPDES permit No. NJ0088315 (Stormwater Basic Industrial Permit Authorization);
- NJPDES permit No. NJ0108456 (Concrete Products Manufacturing Permit Authorization);
- NJPDES permit No. NJ0107671 (Scrap Metal Processing/Auto Recycling Permit Authorization);
- NJPDES permit No. NJ0134791 (Newark Airport Complex Permit Authorization); or
- NJPDES permit No. NJ0138631 (Concentrated Animal Feeding Operations).

Should you have any questions, please contact the Bureau of Nonpoint Pollution Control at (609) 633-7021. Be sure to read all instructions and answer all questions when filling out the following RFA forms. If an item is not applicable, enter "N/A" or a similarly appropriate response.

- ☐ **FORM RFA - 1 Storm** - Instructions are provided with the form.
- ☐ **USGS TOPOGRAPHICAL MAP** - The map should be an 8.5" x 11" copy of a portion of the US Geological Survey topographic map, 7.5 minute quadrangle series. The facility must have its boundaries marked distinctly on the map. Also, the name of the specific quadrangle(s) must be indicated on the face of the map. (Note: This requirement does not apply to facilities applying for authorization under the Newark Airport Complex permit.)
- ☐ **CAFO Supplemental Form** - Instructions are provided with the form. Needs to be submitted only if you are requesting authorization under NJPDES permit NJ0138631 (Concentrated Animal Feeding Operations).

COMPLETE AND SUBMIT THE ORIGINAL RFA APPLICATION TO:

New Jersey Department of Environmental Protection
Division of Water Quality
Bureau of Permit Management
Attn: Administrative Review Unit
P.O. Box 029
Trenton, New Jersey 08625-0029



**NEW JERSEY DEPARTMENT OF
ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY**



**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
REQUEST FOR AUTHORIZATION**

*Refer to Instructions on Page 4 and the Appropriate Completeness Checklist and Provide All Applicable Information. Please
Print or Type. (Attach additional sheets if necessary)*

1. Applicant(s)/Operating Entity (Business Name)

Name _____

Mailing Address _____

City or Town _____ County _____

State _____ Zip Code _____

Telephone () _____ Fax () _____ E-Mail _____

SIC Code _____ Short Title _____

Parent Company (if applicable)

Mailing Address _____

City or Town _____ County _____

State _____ Zip Code _____

Telephone () _____ Fax () _____ E-Mail _____

2. Property/Land Owner(s)

Name _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Federal Tax I.D.# _____

Contact Person Telephone () _____

3. Location of Facility/Site

Name of Facility/Site _____

Street Address/Location _____

City or Town _____ State _____ Zip Code _____

Municipality County Lot Block _____

4. Facility Contact (Person Familiar with the Facility/Site and this application)

Name _____

Affiliation _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Telephone () _____ Fax () _____ E-Mail _____

5. Facility Description and Use _____

☐ Surface Water Discharge to (name of waterbody): _____☐ Ground Water Discharge by (check as appropriate): Aquifer (if known): _____

____ Overland ____ Flow ____ Under Ground Injection ____ Basin ____ Other _____

6. Operating Entity Status (circle): Government Commercial Religious Charitable Public School**Status of Facility (circle):** Existing New Date when facility's activities commence**7. Requested NJPDES Permit Action and Other NJPDES Permits**

Under Table A, check the requested permit action. Under Table B, list currently held permits and/or pending applications for this facility/site. For existing permits, list permit number(s) and expiration date.

TABLE A: REQUESTED PERMIT ACTION UNDER THIS APPLICATION

Discharge Activity (Category) Codes	Master Permit Number	New	Revocation and Reissue
5G2 - Stormwater Basic	NJ0088315		
CPM - Concrete Products Management	NJ0108456		
SM – Scrap Metal Processing/Auto Recycling	NJ0107671		
R5 – Newark Airport Complex	NJ0134791		
R8 – Concentrated Animal Feeding Operations (CAFO)	NJ0138631		

TABLE B: OTHER NJPDES PERMITS ASSOCIATED WITH THIS FACILITY

Discharge Activity (Category) Codes	Permit No.	Expiration Date	Pending

8. Applicant's Agent (Optional)

The person listed below is authorized to act as agent/representative in all matters pertaining to this application.

Name _____ Position _____

Company _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Telephone () _____ Fax () _____ E-Mail _____

Signature of Agent Date

Signature for Applicant Date

9. " Attachment A" Certification by Applicant

"I certify under penalty of the law that this Request for Authorization and all attached documents were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. As far as I know, none of the stormwater discharges for which this request is submitted are excluded from authorization:

By Part I. A. 2. a. of NJPDES Permit No. NJ0088315 (Basic Industrial); or
According to the Fact Sheet of NJPDES Permit No. NJ0108456 (Concrete); or
According to the Fact Sheet of NJPDES Permit No. NJ0107671 (Scrap Metal); or
According to the Fact Sheet of NJPDES Permit No. NJ0134791 (Newark Airport Complex); or
Pursuant to the "Eligibility" section (Part 1.A.5) of NJPDES Permit No. NJ0138631 (CAFO).

"I am aware that pursuant to the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq., there are significant civil and criminal penalties for making a false statement, representation or certification in any application, record, or other document filed or required to be maintained under that Act, including fines and/or imprisonment."

Signature for Applicant

Date

Print or Type: Name

Print or Type: Position

INSTRUCTIONS FOR COMPLETING FORM RFA – 1 STORM

This form shall be used for all Requests for Authorization (RFA) under NJPDES stormwater general permits. This form is not to be used for administrative updates, revocation or transfer of a permit. Forms for these permit actions may be obtained by calling the Bureau of Permit Management at (609) 984-4428 or at the DWQ website at <http://www.state.nj.us/dep/dwq/forms.htm>.

- 1. Applicant(s)/Operating Entities** – This is the name under which the permit will be issued. Provide the name, as it is legally referred to, of the operating entity(ies) that is the applicant(s) in your application for the NJPDES permit. An “operating entity” is any firm, public agency, individual, or other entity which, alone or along with other operating entities, has primary management and operational decision-making authority over any part of a facility/site.

It is the duty of the operating entity(ies) to obtain a NJPDES permit. When a facility/site or activity is owned by one or more entities, but is currently operated by another entity(ies), it is the duty of the operating entity(ies) to obtain a NJPDES permit. If the facility/site named in Item 3 has an operating entity(ies) which is not an applicant submitting your application, attach an additional sheet that contains a statement to that effect and as much Item 1 information as you have about that operating entity(ies).

Provide the mailing address of the applicant(s). If the mailing address is outside the United States, provide the correct foreign mailing address. Provide the 9-digit Federal Tax Identification Number (also called Federal Identification Number) assigned to the applicant(s) by the IRS for tax reporting purposes. Provide the telephone number (and, if they exist, the fax number and e-mail address) of the applicant(s). If the applicant(s) has a parent corporation(s), provide that parent corporation’s name and place of incorporation.

Standard Industrial Classification Code – If unknown, look at the upper left-hand corner of the state unemployment Quarterly Contributions Form. The state assigned number may determine the need of your facility to comply with this rule. The Short Title information requested is the official, short definition of the type of industrial activity at your facility.

- 2. Property/Land Owner(s)** – Provide the legal name of the owner(s) of the property/land upon which the discharge is controlled and/or taking place. A “Property” includes all contiguous lots and blocks, including vacant land, owned or otherwise under the control of the owner or operating entity of the regulated facility.
- 3. Location of Facility/Site** – Provide the location of the facility/site. Street number and name must be used (PO Box #'s are not acceptable). Use the municipality and county where the facility/site is physically located. Do not use local or neighborhood names.
- 4. Facility Contact and Correspondence** – Identify a person the Department can contact for facility/site related information. This person should be familiar with the content of the application. All correspondence (i.e., notices, invoices) will be sent to the applicant/operating entity identified in Item 1. If you want specific correspondence sent to someone other than the applicant/operating entity, please list their name, address, and the requested correspondence on a separate sheet attached to this form.

5. **Facility Description and Use** – Provide a brief description of the facility relating to this application. If requesting a modification to your permit, state the reason for such. Also, indicate if the discharge is to surface water (and the name of the receiving waterbody) or ground water (and the type of ground water discharge). Check one or both boxes as appropriate. Unless the entire site is covered by building(s) or entirely paved, your facility has some discharge to ground water. Most facilities have both a surface and ground water discharge.
6. **Operating Entity Status** – Circle only one category which best describes the operating entity.

Status of Facility - Circle only one answer. Include the date for new facilities only.
7. **Requested NJPDES Permitting Action and Other NJPDES Permits** – Under Table A, check the requested permit action (new, etc.). Under Table B, list currently held permits and/or pending applications for this facility/site. For existing permits, list permit number(s) and expiration date.
8. **Applicant's Agent (Optional)** - Identify the person who is authorized to act as agent/representative in all matters pertaining to this application. Both the agent and the authorized official of the applicant must sign.
9. **“Attachment A” Certification by Applicant** - The certification must be made by the applicant(s) for the NJPDES permit. The applicant(s) is the operating entity(ies) for the facility/site (see item 1 instructions). All signatures in items 8 and 9 must be original signatures.

WHO MUST SIGN?

FOR A CORPORATION: a “responsible corporate officer” or duly authorized representative. A “responsible corporate officer” is (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

FOR A PARTNERSHIP OR SOLE PROPRIETORSHIP: a general partner or the proprietor, respectively, or duly authorized representative.

FOR A MUNICIPALITY, STATE, FEDERAL OR OTHER PUBLIC AGENCY: either a principal executive officer or ranking elected official, or duly authorized representative.

A “responsible corporate officer,” general partner, proprietor, principal executive officer of a public agency, or ranking elected official may assign his or her signatory authority for this Certification to a duly authorized representative, which is a named individual or generic position (e.g., plant manager, operator of a well or a well field, superintendent) having overall responsibility for facility/site operation or the company's or public agency's environmental matters, by submitting a letter to the Bureau of Permit Management stating said authority and naming the individual or position.